

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4159 STATE FILE NUMBER 41593-028574

FILED AUG 9 1963

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in 1b <u>50 Yrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>516 Knickerbacker Place</u>		d. STREET ADDRESS (If outside, give location) <u>516 Knickerbacker Place</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Marjorie</u> Middle <u>S.</u> Last <u>Patterson</u>			4. DATE OF DEATH Month <u>July</u> Day <u>21</u> Year <u>1963</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>April 6, 1904</u>	9. AGE (last birthday) <u>59</u> <u>67</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Southwest High Sch.</u>		11. BIRTHPLACE (City and state or country) <u>Falls City, Nebraska</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Harold D. Evans</u>			
13a. FATHER'S NAME <u>Joseph Steele</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Schuyler</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Harold D. Evans</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>(Marjorie Jean) Mrs. Harold D. Evans</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Arrest</u>		18. CAUSE OF DEATH (Enter only one cause per line) DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		18. CAUSE OF DEATH (Enter only one cause per line) DUE TO (c) <u>with Left Bundle Branch Block, frequent premature Ventricular Contractions & Coronary Insufficiency</u>	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>9:00 P</u> a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Fall City, Nebraska</u>		20g. COUNTY <u>Nebraska</u>		20h. STATE <u>Nebraska</u>	

21. I attended the deceased from <u>April 12, 1960</u> to <u>July 28, 1963</u> and last saw him alive on <u>July 9, 1963</u>		21. I attended the deceased from <u>April 12, 1960</u> to <u>July 28, 1963</u> and last saw her alive on <u>July 9, 1963</u>	
Death occurred at <u>9:00 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Philip G. Kaul M.D.</u>	
22b. ADDRESS <u>4320 Wornall Rd. K.C. 11, Mo.</u>		22c. DATE SIGNED <u>7-23-1963</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-26-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Steele Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Fall City, Nebraska</u>		23e. STATE <u>Nebraska</u>		23f. COUNTY <u>Nebraska</u>	

24. FUNERAL DIRECTOR <u>Stine & McClure Kansas City, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>7-24-63</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	
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27. BY AFFIDAVIT OF Marjorie S. Patterson DOCUMENT Philip G. Kaul		28. AMENDMENTS ON THIS RECORD ARE AS FOLLOWS 1. <u>3488</u> 2. <u>1</u> 3. <u>3</u> 4. <u>1</u> 5. <u>3</u> 6. <u>1</u> 7. <u>1</u> 8. <u>0</u> 9. <u>94200</u> 10. <u>90-0</u> 11. <u>90-0</u> 12. <u>90-0</u> 13. <u>90-0</u>		29. DATE AMENDED <u>8-6-63</u> <u>8-6-63</u>	
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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

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Dr. Phillip Haul
234 Medical Plaza Bldg.
Jc 1-2338
12531-500

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Behan W Meiker

Licensed Embalmer No. 5078

P. O. Address KC, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.